

NAME OF APPLICANT: _____

POSITION APPLIED FOR: _____

DATE: _____

CITY OF ALMA, GEORGIA

Please find attached a job application for the City of Alma. This application is required in order for you to be hired. Please be sure to fill out all pages, front and back. If you are mailing it back to us, the Consent form must be notarized. If you fax this application to us at 912-632-8365 the forms still must be notarized. Please call us with any questions at 912-632-8072. Thank you for your interest in the City of Alma.

CITY OF ALMA
P.O. Box 429
Alma, GA 31510
Phone: 912-632-8072
Fax: 912-632-8365

APPLICATION FOR EMPLOYMENT

City of Alma, Georgia

P.O. Box 429, 502 W. 12th St. Suite 104, Alma, GA 31510

(PLEASE PRINT/ REVISED 10/26/2009)

Date of Application: _____

Position Applied For: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET COUNTY
CITY STATE ZIP CODE

Home Phone No.: (____) _____ Work Phone No.: (____) _____

Cellular Phone No.: (____) _____

Email: _____ Social Security No.: _____

Have you filled an application with the City before? Yes No Date: _____

Have you ever been employed with the City before? Yes No Date: _____

Are you eligible to work in the United States? Yes No

Are you available to work? (Check all that apply) Full Time Part Time Shift Work Over Time

Are you on a lay-off subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do any of your relatives work for the city? Yes No

If yes, list name(s): _____

Have you ever been convicted of a crime? Yes No

If yes, explain and give dates: _____

Are you a veteran of the U.S. military service? Yes No

If yes, what was your Branch of U.S. military service? _____

AN EQUAL OPPORTUNITY EMPLOYER

List professional, trade, business or civic activities and office held. (Exclude groups which indicate race, color, religion, sex or national origin):

Give name, address and phone number of three personal references not related to you:

1. _____
2. _____
3. _____

EMPLOYMENT EXPERIENCE

List each job held. Start with your Present or most recent job. Do not put "see resume" or a similar statement in the boxes; you should provide all requested information.

May we contact your current employer? Yes No

	Dates Employed		
	From	To	
Employer Name			Work Performed
Address			
Phone			
Job Title	Hourly Rate or Annual salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

AN EQUAL OPPORTUNITY EMPLOYER

	Dates Employed		
	From	To	
Employer Name			Work Performed
Address			
Phone			
Job Title	Hourly Rate or Annual salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

	Dates Employed		
	From	To	
Employer Name			Work Performed
Address			
Phone			
Job Title	Hourly Rate or Annual salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Please list ALL other previous employee:

Name of Employer _____ Telephone (____) _____

Name of Employer _____ Telephone (____) _____

Name of Employer _____ Telephone (____) _____

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Elementary	High School	College/ University	Graduate/ Professional
School Name and Location				
Years Completed: (Circle)		9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree/GED:				
Describe course of study:				
Describe Specialized Training, apprenticeship, Skills, and Extra-Curricular Activities:				

Honors Received:

State any additional information you feel may be helpful to us in considering your application:

Summarize special skills and qualification acquired from employment or other experience:

List any software and/or office equipment with which you are proficient:

List any specialized licenses you are qualified with or any heavy equipment you are able to operate (i.e. have CDL or can operate any trucks, etc.):

By signing here, I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I also authorize a representative of the City of Alma to check my references and past employers as listed on this application and agree to hold harmless anyone providing reference information. In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in discharge prior to a position offer or if false information is discovered on this application after being employed. I hereby give my consent to a urine drug screen. This lab exam is performed as a condition of employment. I understand, also, that I am required to abide by all rules and regulations of the City of Alma. This application may remain active for one (1) year.

Signature of Applicant: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER

CRIMINAL AND DRIVING HISTORY AND BACKGROUND CONSENT FORM

I hereby authorize the City of Alma (Georgia) receive any criminal history record and driving history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I also authorize the City of Alma to receive any previous employment information. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize a representative of the City of Alma to check my past employers as listed on this application and agree to hold harmless anyone providing employment information.

Full Name Printed

Maiden (or previously used name)

Street Address

City, State, Zip

Sex

Race

Date of Birth

Social Security Number

Your Signature

I, _____, give consent to the City of Alma and any all departments to perform periodic criminal history background checks for the duration of my employment.

This Section For Notary Public Use Only

Notary

Date

AN EQUAL OPPORTUNITY EMPLOYER

EXHIBIT B PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and /or other tests as shall determined by the City of Alma, GA in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I hereby acknowledge that I have been notified of the requirements of the City of Alma, GA Substance Abuse Policy.

I agree that Middle Georgia Probation ("Clinic") may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the City of Alma, GA for analysis.

I further agree to and hereby authorize the release of the results of said tests to the City Manager, or his/her designee, of the City of Alma, GA.

I understand that it is the current use of illegal drugs that prohibits me from being considered for employment with the City of Alma, GA.

I further agree to hold harmless the City of Alma, GA and its agents (including the above named physician or clinic) from any liability arising in whole or in part, out of collection of specimen's, testing, and use of the information from said testing's in connection with the City of Alma's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:
Print Name: _____ SS#: _____

Applicant:
Signature: _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____

Guardian Signature (If applicant/employee under 18): _____

- | | |
|---|--|
| <input type="checkbox"/> DRUG TEST | <input type="checkbox"/> POST-ACCIDENT |
| <input type="checkbox"/> BLOOD ALCOHOL | <input type="checkbox"/> RANDOM |
| <input type="checkbox"/> BREATH ALCOHOL | <input type="checkbox"/> FOLLOW-UP TREATMENT |
| <input type="checkbox"/> PRE-EMPLOYMENT | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> CAUSE/REASONABLE SUSPICION | |